



DFW

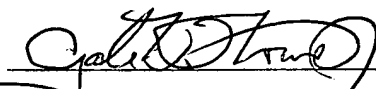
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Patent Application of: |  
THORNE, Gale H., et al. | Docket: JMH002  
Serial No.: 10/774,929 | Art Unit: 3731  
Filed: 02/29/2004 | Examiner: EREZO, DARWIN P  
For: GUIDE-WIRE STEERED VARIABLE |  
INCISION WIDTH SAFETY SCALPEL

RESPONSE/AMENDMENT

Responsive to the Office Action mailed January 5, 2007, the following RESPONSE and associated AMENDMENT is hereby submitted.

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on Jan. 16, 2007.



Gale H. Thorne, Jr.

In re application of  
Gale H. Thorne, et al.

Case Docket No. JMH002

Serial No: 11/210,217

Filed: February 9, 2004



For: GUIDE-WIRE STEERED VARIABLE INCISION WIDTH SAFETY SCALPEL

Honorable Commissioner for Patents  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has  
been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and  
1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)		Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra		Rate	Add. Fee		Add. Fee
Total	26	minus	29	- 0 -	x	\$50	\$ 0	or	\$18
Indep	2	minus	3	- 0 -	x	\$200	\$ 0	or	\$84
___ First Presentation of Multiple Dep.					+	\$140		+	\$380
Total Additional Fee							\$ 0	Total	

\_\_\_ Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is attached.

\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed.

\_\_\_ The Commissioner is hereby authorized to charge payment of the following  
fees associated with this communication or credit any overpayment to  
Deposit Account No. \_\_\_\_\_. A duplicate copy of this sheet is  
attached.

\_\_\_ Any filing fees under 37 CFR 1.16 for the presentation of extra  
claims.

\_\_\_ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Gale H. Thorne  
Agent for Applicants

1056 Millcrest Circle  
Bountiful  
Utah 84010

Phone: 801-295-8471